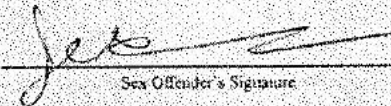


EXHIBIT 6

DCJS-3231 (7/05)

DCJS USE ONLY		LOCAL USE ONLY		New York State SEX OFFENDER CHANGE OF ADDRESS FORM Please Type or Print all Information				NYSID No.								
13996								0	6	0	1	0	5	9	0	1
1. Sex Offender's Name (Last, First, Middle)				2. Date of Birth		3. Height		4. Weight		5. Hair		6. Eyes				
FRIEDMAN, JESSE L						5ft 08in		160lb		RED						
Address Data	7. Former Address (Street No., Street Name, Building No., Apt. No.)			8. City, State, Zip			9. County		10. Date Moved							
				CORONA, NY, 11368					04/13/2009							
Address Data	11. New Residence Address (Street No., Street Name, Building No., Apt. No., etc.)			12. City, State, Zip			13. County		14. Phone number							
				BRIDGEPORT, CT, 06604			BRIDGEPORT									
Employer Data	15. Name of Current Employer #1			16. Actual Employment Address (Street No., Street Name, etc.)			17. City, State, Zip		18. County							
Employer Data	19. Name of Current Employer #2			20. Actual Employment Address (Street No., Street Name, etc.)			21. City, State, Zip		22. County							
Higher Education Data	23. Name of Institution of Higher Education Attending <input type="checkbox"/> Employed At <input type="checkbox"/> Enrolled At <input type="checkbox"/>						24. Anticipated Dates of Attendance, Employment, or									
							From: To:									
	25. Street No., Street Name, Building No., Dept. No.															
Higher Education Data	26. Address of Institution of Higher Education (Include City, State, Zip)						27. County		28. <input type="checkbox"/> I am no longer attending, employed or enrolled at an institution of higher education							
Motor Vehicle Data	29. Complete the information below for all Vehicles to which the offender has access															
	Owner's Name		License Plate No.		Issuing State		Vehicle Yr.	Make	Model	Color						
							2007	SUBA	IMPREZA	GREY						
	Owner's Name		License Plate No.		Issuing State		Vehicle Yr.	Make	Model	Color						
Motor Vehicle Data							1994	VOLV		Absconder						
	Owner's Name		License Plate No.		Issuing State		Vehicle Yr.	Make	Model	Color						
Internet Data	30. If Sex Offender subscribes to an internet account, list name(s) of internet service provider(s)			31. User Screen Name(s)			32. E-Mail Address(es)									
If the sex offender is currently incarcerated, please complete the following-DK13616																
Name of Facility						Inmate ID No.				Institutional Release Date						
Notifying Officer						Notifying Agency Name				14. Notifying Agency Phone Number						
K.O. Livingston						NY/PI/SOMU				212.736.2977						
Notifying Officer's Signature										Date						
										4/13/09						
<p>I acknowledge that the information on this form is true and accurate. Offering false information or failing to provide required information is a crime.</p> <p> Sex Offender's Signature</p> <p><u>4/13/09</u> Date</p>																
Sex Offender must sign and date this form																

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2009 APR 21 AM 10:06
SEX OFFENDER REGISTRY